



STATE OF UTAH
DEPARTMENT OF HEALTH

Copy to Dr. Green

NORMAN H. BANGERTE, GOVERNOR

SUZANNE DANDY, M.D., M.P.H., EXECUTIVE DIRECTOR

December 2, 1985

Phil D. Wright, R.S., M.S.
Health Officer/Director
Wasatch County Health Department
P.O. Box 246
Heber City, Utah 84032

Dear Mr. Wright:

On Thursday, October 3, 1985, a comprehensive site review was conducted at the Wasatch County immunization clinic held at your district office. At the time of my review, I had a chance to discuss many aspects of your immunization program with Maxine McAfee, R.N., and would now like to report to you the findings of my visit.

The immunization clinic in your district seems to be serving the needs of the people in your area very well. I think the marquee you have in front of the building is an excellent idea to advertise, as well as to remind people about the immunization clinic. Your new clinic is designed very well and gives patients a very nice waiting area.

When reviewing vaccine storage and handling procedures, Maxine seemed to be very knowledgeable about vaccine storage, handling and administration. One problem noted, however, was that Dr. R. Green is administering all immunizations in the buttocks, instead of the recommended areas of the upper thigh or deltoid muscles.

The results of last Spring's immunization audits indicate high immunization levels among all the schools audited in Wasatch County. This represents consistent hard work and effort by Maren Durchie, the District School Nurse. We appreciate her commitment in maintaining high immunization levels and adhering to the Utah Immunization Law.

The High Risk Survey of seven-month-old children conducted in your district effectively identifies children that are behind on their immunizations. Even though your district has a small number of children to locate each month, it is very important that you try to locate these children. You have been successful in locating a relatively high percentage of these children and we appreciate your efforts.

DIVISION OF COMMUNITY HEALTH SERVICES

825 NORTH 300 WEST • P.O. BOX 45500 • SALT LAKE CITY, UTAH 84145-0500 • (801) 533-6129
AN EQUAL OPPORTUNITY EMPLOYER

Phil Wright
Page 2
December 2, 1985

The immunization recall system being conducted by Nelda Duke for locating and recalling children falling behind on their primary immunization series is very effective. She has established a system that meets the needs of your district very well. She seems very thorough and is concerned about trying to keep the children in your district up to date on their immunizations.

In conjunction with the immunization clinic visit, I made a site visit with Michelle Ludlow, R.N., Nursing Director at Wasatch County Hospital. The hospital is currently developing a new maternal education program at the hospital. Michelle was enthusiastic about utilizing any immunization education materials that are available. To assist with their educational program, we will provide free of charge a video cassette tape of the movie "A Gift, An Obligation" (25 minutes) that explores the ramifications of childhood diseases and highlights the benefits of vaccines. Instructions were left with Michelle to contact the Wasatch County Health Department for more information.

Overall, the immunization clinic is well organized and run efficiently. There is just one recommendation that I feel needs your attention. As mentioned earlier, Dr. Green is giving all immunizations in the buttocks. The AAP's Redbook Committee clearly states that "Ordinarily, the upper, outer aspect of the buttocks should not be used for routine immunizations." It also states that, "The central region of the buttocks should be avoided for all injections; the upper outer quadrant should be used only for the largest volumes of injection or when multiple doses have to be given, such as when large doses of gamma globulin must be administered." (AAP, 82) Immunizations should be given to infants and small children in the largest muscle mass, which is the anterolateral aspect of the thigh. In larger children, either the deltoid or the anterolateral thigh muscles are recommended. The reason for the concern with small children being immunized in the buttocks is the possibility of damage to the sciatic nerve. (For more information see attachments.)

*after 20 yrs = safe
RRL*

Thank you again for the opportunity to visit your immunization program and observe your clinic. Please extend my thanks to your staff for their assistance and helpfulness in my review. If you have any questions, or whenever the State Immunization staff can be of assistance, please contact us.

Sincerely,

Kathy Burrows

Kathy Burrows
Community Health Specialist
Bureau of Epidemiology
(801) 533-6135

KB/dl
enclosures
cc: Maxine McAfee, R.N.
Rick Crankshaw

WASATCH CITY-COUNTY HEALTH DEPARTMENT

55 WEST CENTER
HEBER CITY, UTAH 84032
PHONE 654-2700

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COMMUNITY HEALTH NURSE

RANAE WILLIAMS, R.D.
NUTRITIONIST

SHARYN PARADISE, PH.D.
ALCOHOL AND DRUG

NELDA C. DUKE
SECRETARY

December 9, 1985

MEMO

TO: All Board of Health Members

FROM: Phil Wright, Health Officer

RE: Hearing Blazing Saddles

Please find enclosed a copy of a letter sent to the operators of Blazing Saddles requesting them to appear before the Board of Health to show cause why they should remain in business. It is of the utmost importance that you are in attendance.

I feel that after inspecting this establishment that it is in such poor repair and with numerous sanitation violations, that it should be closed permanently or until plans for remodeling are submitted and approved by the health department and the remodeling completed.

Would you please try to be here by 12:00 PM so we can review the situation before the hearing starts at 12:30.

Thank You.

Phil.

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PHIL D. WRIGHT, M.S., R.S.
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MAXINE MCAFFEE, R.N.
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COPY

December 9, 1985

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CONNIE TATTON
ELIZABETH MURDOCK
RULON PHILLIPS

Stockman & Tom Burkemo
Long Saddles
West 100 South
Heber City, Utah 84032

Dear Jeff and Tom,

An inspection of your establishment was made on 12/6/85. This inspection revealed that there are numerous items that need immediate attention to meet the minimum requirements of the State and County Health Codes. The code states that when an establishment scores less than 60 points that corrective action must be taken within 48 hours. Your establishment score was 58 without us being able to check the dish wash machine.

Attached please find a narrative report of violations that was taken from the inspection sheet that I discussed with you at the time the inspection.

We also by receipt of this letter, give you notice to appear the Wasatch City/County Board of Health on Monday, December 16, 12:30 P.M. at the Wasatch County Services Complex at 805 West Heber, to show cause why the health permit should not be r. Please come prepared to indicate what actions you are going to bring this food establishment into compliance. You may bring this council if you desire to do so.



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55 WEST CENTER
HEBER CITY, UTAH 84032
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Would you please try to be here by 12:00 PM so we can review the situation before the hearing starts at 12:30.

Thank You.

Phil.

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December 9, 1985

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Blazing Saddles
605 West 100 South
Heber City, Utah 84032

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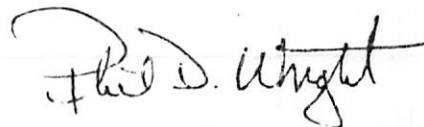
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The health department will insist that in order for you to remain in business significant renovation and clean up will be required.

If you have any questions or cannot attend this board of health hearing, please notify us by December 13, 1985.

Thank You,

A handwritten signature in dark ink, appearing to read "Phil D. Wright". The signature is fluid and cursive, with the first name "Phil" and last name "Wright" clearly distinguishable.

Phil D. Wright, R.S., M.S.
Health Officer

cc: Wasatch City/County Board of Health
Wasatch County Attorney
Heber City Council

NARRATIVE REPORT

BLAZING SADDLES

12/06/85

- 02 All bulk containers of food must be labeled on the body of the container or a non-detachable lid.
- 03 All potentially hazardous foods must be held at 45 degrees F or below which includes cooked rice, whipped cream, etc.
- 05 Thermometers are required in all refrigerated units and a product thermometer is required.
- 06 Potentially hazardous foods cannot be thawed at room temperature.
- 08 Food items cannot be stored on the floor.
- 10 The ice cream scoop and other food dispensing utensils must be stored clean and dry or in an approved ice cream dripper well.
- 12 All employees must wash their hands in an appropriate hand wash sink after handling dirty dishes or other chores that contaminate the hands.
- 13 All employees cooking or preparing food or washing dishes, etc. must wear hair restraints.
- 15 The dish wash machine and other equipment must be installed and sealed to the wall or other equipment, or be readily movable to facilitate cleaning.
- 16 The dish wash machine must be kept maintained in a sanitary condition.
- 17 The thermometer in the dish washer must be repaired and kept in good operating condition.
- 18-20 The dish washer was not in operation, therefore we could not assess the correct operation and cleaning of dishes and utensils. We also question how large pieces of equipment that are too large to run through the dishwasher are cleaned. If the dish washer cannot handle all equipment then we would require an approved three-compartment sink to be installed.

- 21 Wiping cloths must be stored in a sanitizing solution at a concentration of 100 ppm chlorine or other approved sanitizer.
- 22 The drink mixing valves, cheese grater and can opener need more frequent cleaning and showed a food residue.
- 23 The freezer lids are in poor repair, walk in box shelves are rusty, pitted and have a food residue. Areas between equipment have a food product build-up.
- 24 Cleaned utensils must be stored in clean drawers, racks, etc. Utensils must be stored with the handle rather than the eating end exposed.
- 25 Drink lids, tooth picks and other single service articles must be stored in an appropriate dispenser.
- 28 There was evidence of mop water being dumped on the ground although management said it was not being done. We did not mark this item on the inspection sheet.
- 29 The water picture sink is not plumbed for waste water...ice container must be drained properly. A split ring toilet seat is required in the womens rest room. There is not a sink plumbed for produce.
- 31 This item was not marked but we feel that the rest room hand wash sink is not accessible enough to facilitate the washing of hands by the employees evidenced by poor hygenic practices of the employees.
- 32 The rest room doors must be self-closing.
- 33 The garbage containers had an accumulation of wet garbage.
- 34 The garbage containers must be stored on a cleanable surface.
- 35 The back door and the basement window is in poor repair which will allow rodent entry.
- 36 The floors are in poor repair and have an accumulation of dirt and food residue.
- 37 The walls and ceilings are dirty and some areas are in poor repair. The walk-in box walls and ceiling are of unacceptable construction.
- 38 A minimum of 10 ft candles of light is required in all storage areas

42 The rest rooms are located in the building where the customers must go through the kitchen to gain access which is unacceptable.

In summary, this facility is in poor repair with many structural, equipment and sanitation problems. We feel that a major renovation effort and better food handling procedures must be followed for this establishment to remain in operation.

Engineer backs use of light for disinfection of wastewater

LOGAN — A Utah State University researcher says secondary disinfection of wastewater can be done more safely by ultraviolet light than by chlorination.

Secondary disinfection is the second step in cleaning wastewater. Usually, chlorine is applied in this step, but it is potentially dangerous.

Eva Czarnecka-Nieminska, a 33-year native of Poland who recently earned her doctorate in civil and environmental engineering at USU, says chlorine degrades into suspected cancer-causing compounds and kills aquatic life.

High rates of certain kinds of cancer reported in the lower Mississippi River drainage have been blamed on the heavy chlorination added to make the culinary water usable. Although Czarnecka-Nieminska is talking about the amount of chlorine added to wastewater, not drinking water, in some regions the buildup of chlorine compounds in water supplies poses a hazard.

Also, when water is dechlorinated with sulfur dioxide, the expense of using chlorine and sulfur dioxide can be greater than simply blasting the bacteria with ultraviolet light.

UV light is capable of breaking molecules in living organisms. The lower-energy light in the visible spectrum, on the other hand, is much more easily used by plants and animals.

"UV has been used for years to disinfect water, but people don't know enough about how it might be used," Czarnecka-Nieminska said. "I was looking at the factors that control its efficiency as a disinfectant."

Most important factors that influenced the efficiency of UV light as a bacteria-controller were the size and amount of suspended solids in the water and the ability of bacteria to reactivate when exposed to sunlight.

If many large particles are suspended in the wastewater, they block the UV light, and some bacteria are protected. Eliminating the big pieces by filtration makes UV treatment more effective.

Not all bacteria die when exposed to UV light. The light knocks out about 99 percent initially, but then about 20 percent reactivate.

Testing for bacteria most often used as indicators of wastewater quality may be a misleading way to check the efficiency of UV treatment. These bacteria — coliform and streptococci — are quite susceptible to UV light.

But other bacteria, such as micrococcus luteus — are extremely resistant to UV light. "If UV is applied, we shouldn't use normal indicators," she said. "Instead, quality control engi-

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MINUTES OF THE WASATCH CITY-COUNTY BOARD OF HEALTH

December 16, 1985

12:05 P.M.

Wasatch County Services Complex

Present were:	Calvin Giles	Chairman
	Rulon Phillips	Member
	Lynn Webster	Member
	R. Raymond Green, MD	Medical Officer
	Phil D. Wright	Health Officer
	R. C. Tadd	Commissioner
	Maxine McAfee	Nurse Supervisor
	Nelda Duke	Secretary
Guest:	Tom Burkemo	Blazing Saddles, Mgr.

Welcome: Mr. Giles welcomed those present at the Executive Session of the board prior to the hearing for the Blazing Saddles Cafe.

Invocation: The invocation was offered by Dr. Green.

There was a short discussion regarding the hearing we are holding for the Blazing Saddles Cafe.

HEARING

Welcome: Mr. Giles welcomed Tom Burkemo who is co-manager of the Blazing Saddles Cafe. He said the purpose of this hearing is to hear the reasons we should let the Blazing Saddles Cafe remain open. He asked Mr. Wright to review the inspection findings he had on this establishment.

Mr. Wright: Mr. Wright reviewed back reports of inspections at the Blazing Saddles Cafe. He stated that in December of 1981 the inspection showed a low score and we issued a warning letter from the board of health at that time and asked that the establishment be cleaned up. Just after that the board of health made a decision that anytime an establishment gets a score below 60 they would automatically appear before the board of health and show cause why they should remain in operation. If they were called in a second time it would be an automatic closure for ten days and reopen when problems were corrected.

In May of 1982 and inspection was made and the Blazing Saddles again fell below 60 points and at that time they were called in before the board of health for a hearing at which time they agreed to fix up their facilities to meet minimum health code requirements.

The last inspection was made a few weeks ago on Dec. 6th and the establishment received a score of 58 and was automatically called before the board of health to show cause why their establishment should not be closed. This letter was hand delivered to Mr. Burkemo on Dec. 9, 1985. There was a number of significant violations of the health code. The state food surveillance officer made that inspection along with Mr. Wright. Mr. Wright stated as they made the inspection they noted major construction as well as sanitation problems existed and felt we needed to have you come in and tell us what you plan to do with the establishment to keep it in operation or any plans you may have for remodeling and fixing up. Mr. Wright stated if he had any questions or the items on the inspection sheet he would be happy to review them.

Mr. Giles: Mr. Giles stated this meeting is being recorded.

Mr. Burkemo: Mr. Burkemo stated most of these problems are sanitation items and he realized the floors and other items do need fixing but so far his landlady (Paloma Nelson) is not willing to help with major remodeling problems. He has tried to buy the building so he could add on a new kitchen but so far he has been unable to come to an agreement. He also stated they have washed and painted the walls and are making a sincere effort to clean the place up. He stated they had just outgrown the building and did not have room for a three-compartment sink or a hand wash sink and other items that are necessary to pass health code. He said as an alternative they could go to paper plates, etc. instead of a sit down dinner.

Mr. Burkemo said he had been trying to get in touch with Mrs. Nelson to see if she would be willing to help in remodeling or re-construction of the building.

Mr. Wright: Mr. Wright suggested he get some plans drawn up and submit to the health department.

Mr. Burkemo: Mr. Burkemo said they had drawn up plans and made an offer to Mrs. Nelson some time ago but so far they had had no success.

Dr. Green: After some discussion Dr. Green made a motion we give Mr. Burkemo untill Jan 6, 1986 to contact his landlady and come up with plans as to what he expects to do with this establishment to meet health code. Plans for remodeling are to be submitted for review by Mr. Wright before the Jan 6 meeting. If acceptable plans and a time frame for completing the improvements are not submitted, then the health permit will be revoked untill an acceptable solution can be worked out. Commissioner Tadd seconded the motion. Motion passed unanimously in favor.

Mr. Wright: Mr. Wright stated that Mr. Burkemo should take special effort to keep this establishment in as good a condition as possible during this period as the health department *could be* ~~is~~ liable if a problem should occur. He also stated he had received complaints on this cafe.

Mr. Giles: Mr. Giles asked Mr. Burkemo if this proposal was acceptable and he said he was satisfied with the action.

Mr. Wright: Mr. Wright also stated that we have a mandatory code that requires all people working in a food establishment have a food handlers permit and he encouraged Mr. Burkemo to have all his employees obtain a permit.

Mr. Giles: Mr. Giles asked Mr. Wright to check in the establishment during this time and make sure sanitation requirements are being corrected.

Mr. Giles asked if anything else should come before the board. As there was no further business the meeting was adjourned at 1:35 P.M.

Next Meeting: The next meeting will be held on January 6, 1985 at 12:00 noon.

Proceeding of this meeting was recorded on tape # 20 in the health department.

Chairman

CORRECTION OF VIOLATIONS

(1) If an imminent health hazard exists such as, but not limited to, complete lack of refrigeration or sewage backup into the establishment, the establishment shall immediately cease food service operations. Operation shall not be resumed until authorized by the Director or local health officer.

(2) All violations of four or five point weighted items shall be corrected as soon as possible, but in any event, within (10) days following the inspection. A follow-up inspection may be conducted to confirm corrections.

(3) All one and two point weighted items shall be corrected as soon as possible, but in any event, by the time of the next routine inspection.

(4) When rating score of the establishment is less than 60, the establishment shall initiate corrective action on all identified violations within 48 hours. One or more reinspections will be conducted at reasonable time intervals to assure correction.

(5) In the case of temporary food service establishments, all violations shall be corrected within 24 hours. If violations are not corrected within 24 hours, the establishment shall immediately cease food service operations until authorized to resume by the Director or local health officer.

(b) The inspection report shall state that failure to comply within time limits specified may result in closure of the food service establishment to operation. An opportunity for hearing on the inspection findings or the time limitations or both will be provided if a written request is filed with the regulatory authority within ten days following cessation of operation. If a request for hearing is received, a hearing shall be held within twenty days of receipt of the request.

(c) Whenever a food service establishment is required under the provisions of section 10-104 to cease operations, it shall not resume operations until it is shown on reinspection that conditions responsible for the order to cease operations no longer exist. Opportunity for reinspection shall be offered within a reasonable time.

WASATCH CITY-COUNTY HEALTH DEPARTMENT

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RULON PHILLIPS - MEMBER
WALLSBURG

LYNN WEBSTER - MEMBER
CHARLESTON

R. RAYMOND GREEN, MD - MEDICAL OFFICER
HEBER CITY

R. C. TADD - CHAIRMAN
COUNTY

805 WEST 100 SOUTH
HEBER CITY, UTAH 84032
PHONE (801) 654-2700

December 19, 1985

MEMO FOR THE RECORD

STAFF

PHIL D. WRIGHT, M.S., R.S.
HEALTH OFFICER

MAXINE MCAFFEE, R.N.
NURSING DIRECTOR

MAREN DURTSCHI, R.N.
COMMUNITY HEALTH NURSE

RANAE WILLIAMS, R.D.
NUTRITIONIST/EDUCATOR

ROBERT BLANTHORN, M.S.W.
ALCOHOL/DRUG DIRECTOR

NELDA DUKE
OFFICE MANAGER

TO: All Food Service Establishments in Wasatch County

FROM: Phil D. Wright, Health Director

The Wasatch City-County Board of Health has asked me to re-inform all operators of food establishments operating in Wasatch County of its policy concerning food service inspection results and permits to operate.

The State and County Health Code requires that "all four and five point items shall be corrected as soon as possible but in any event within ten days following the inspection, one and two point items shall be corrected as soon as possible but in any event by the next routine inspection".

When any establishment receives an inspection score of 60 or below, the establishment must initiate corrective action on all identified violations within 48 hours. The establishment operator will be invited to appear before the Board of Health to determine if the establishment should be closed, or what action the operator will take to bring the establishment into compliance with the health code.

If an establishment receives a score of 60 or below on a second occasion the establishment will be required to cease operation immediately for a period of not less than ten days. A hearing will then be called before the Board of Health to show cause why the establishment should not be closed permanently.

At anytime when an imminent health hazard exists, the establishment shall immediately cease food operation. Operations shall not be resumed until authorized by the health officer.

For the most part the Board of Health would like to commend the food establishment operators for the fine facilities that we have in our county, and thank you for the efforts you have made in making the sanitation level one of the best in the state.

We extend a helping hand in anyway we can to be of service to you.



UTAH DEPARTMENT OF HEALTH
DIVISION OF COMMUNITY HEALTH SERVICES
BUREAU OF EPIDEMIOLOGY

Suzanne Dandoy, M.D., M.P.H.
Executive Director

COMMUNICABLE DISEASE NEWSLETTER

J. Brett Lazar, M.D., M.P.H., Director
Division of Community Health Services

EDITOR: Craig R. Nichols, M.P.A., State Epidemiologist
Director, Bureau of Epidemiology
(801) 533-6191

MONTH January YEAR 1986

CONTENTS

1. Utah Immunization Assessment Report -- 1985-86
2. Day Care Center Infection Control
3. Unsatisfactory Gonorrhea Cultures

UTAH IMMUNIZATION ASSESSMENT REPORT - 1985-86

An assessment of the immunization levels for all kindergarten students enrolled in public, private and parochial schools has been completed for the 1985-86 school year. The immunization status of children attending licensed child care facilities was simultaneously reviewed. The results of the survey reveal a slight decline in the immunization levels of kindergarteners. The percent of children adequately immunized fell from 94.3% during the 1984-85 school year to 93.8% for the current school year. Only 1.2% of the kindergarteners, 0.7% of the day care children and 0.7% of the head start children were exempted from completing immunizations due to medical, religious or personal reasons. The percentage of kindergarteners fully immunized with each vaccine ranges from a low of 93.1% (diphtheria/tetanus/pertussis) to 96.9% (measles/mumps/rubella). For comparison, the national percentage of school enterers immunized against measles and rubella was 98% for the 1984-85 school year.

Happily, the immunization levels in both licensed day care centers and head start programs increased this year over last year. The percentage of children fully immunized in day care centers increased from 84.5% to 85.8%, and the 83.7% of head start children fully immunized this school year is a substantial increase from the 77.3% reported last year.

Children initially reported as unimmunized or not in compliance with the Utah School Immunization Law are to be followed by school and/or health authorities throughout the year. Audits to verify immunization records are conducted each year by the Utah Department of Health and are currently in progress.

The immunization assessment summaries from all schools and licensed child care facilities will be required for all school enterers (kindergarten or first grade plus all transfers regardless of grade) for the 1986-87 school year and all subsequent years.

DAY CARE CENTER INFECTION CONTROL

The steady increase in the number of children spending time in day care has led to a growing awareness of the potential for transmission of infectious agents in day care centers (DCC). Public health authorities, physicians, and health care providers will be called on with increasing frequency for guidance in prevention and control of infectious disease in this unique epidemiologic setting.

In May 1983, the Conference of State and Territorial Epidemiologists requested that the Centers for Disease Control (CDC) analyze the performance of DCC workers and, if needed, develop appropriate training materials. As a result, a 4-booklet training kit, "Stop Disease in Child Day Care Centers", was designed. The CDC training booklets addressed to DCC directors and caregivers ensure that all directors and caregivers are provided with knowledge to prevent and control disease transmission in the DCC environment.

The booklet addressed to parents stresses how parents can work with their DCC to keep children healthy and to minimize their child's disease risk. Some disease symptoms may endanger the child's health, as well as the health of other center children and staff if the ill child remains at the center. Parents are advised of the importance of being prepared for these unavoidable sick days by making alternate child care arrangements in advance to avoid changes in plans and expectations.

Children's physicians should be aware that the booklets cover immunization requirements, and rules for handling and excluding ill children.

X → The booklet entitled "What You Can Do To Stop Disease In Your Child's Day Care Center - A Handbook for Parents," recommends that children stay at home if any of the following develop: (1) diarrhea, (2) severe coughing (child gets red or blue in the face, or makes high-pitched croupy or whooping sound after he coughs), (3) difficult or rapid breathing (this is especially important in an infant under 6 months old), (4) yellowish skin or eyes and (5) pinkeye (tears, redness of eyelid lining, irritation followed by swelling and discharge of pus). The ill child should stay at home until symptoms disappear or the attending physician decides that the child can return to the center without danger to himself or to the other children and staff.

Parents are also instructed to keep children home if they develop a fever (100° F. or above by oral thermometer or 101° F. or above by rectal thermometer) accompanied by any of the following: (1) unusual spots or rashes, (2) sore throat or trouble swallowing, (3) infected skin patches (crusty, bright yellow, dry or gummy areas of skin), (4) unusually dark, tea colored urine, (5) grey or white stool, (6) headache and stiff neck, (7) vomiting, (8) unusual behavior (child is cranky or less active than usual, child cries more than usual, child feels general discomfort or just seems unwell), (9) loss of appetite, (10) severe itching of body or scalp or scratching of scalp. As mentioned in the previous paragraph, the child may return to the center when symptoms disappear or the physician approves.

The length of exclusion for certain contagious diseases is indicated by the following table taken directly from the parents handbook.

Disease	! When a Child Can Safely Return to the Center
Bacterial meningitis	! When the Health Department indicates it is safe
Chicken pox	! One week after the rash begins, or when all chicken pox are scabbed over
Diarrhea	! When he no longer has diarrhea
If you know it is any of the following diseases:	! When your physician or the Health Department says it is safe
<u>Shigella</u>	!
<u>Campylobacter</u>	!
<u>Salmonella</u>	!
<u>Giardia</u>	!
Diphtheria	! When your physician tells you it is safe
Hepatitis A	! 1 week after the illness begins
Measles	! 5 days after the rash appears
Mumps	! After swelling subsides (or 9 days after swelling begins)
Pertussis (Whooping cough)	! 4 weeks after intense coughing begins, or, 5 days after antibiotic treatment begins
Pneumonia or epiglottitis	! If NOT due to H-flu, when your physician tells you it is safe
or infectious acute arthritis	! If due to H-flu, when the Health Department indicates it is safe
Rubella (German measles)	! 5 days after the rash appears

Since receipt of the training kits from CDC, the Bureau of Epidemiology has initiated orientation sessions for local health departments. Local health departments will be asked to distribute the allotted kits to DCC's in their jurisdiction.

Addressing the problems of infection control in DCC's will require the collaborative efforts of DCC administrators and staff, public health agencies, physicians, employers and parents. The guidelines and recommendations in the CDC training kit will help foster consistent hygienic practices and health promotion activities appropriate to young children as well as measures required to control specific diseases if they occur in the day care setting.

UNSATISFACTORY GONORRHEA CULTURES

From September 1985 through January 1986, approximately 100 gonorrhea cultures submitted to the Utah State Health Laboratory were found to be unsatisfactory for testing. Such unsatisfactory cultures resulted from:

- media not inoculated
- media outdated/past expiration
- media too dry/cracked or split/shrinking
- media frozen
- inoculum not cross-streaked
- culture submitted without CO₂ tablet in bag
- contamination/overgrowth

When a physician or clinic receives an unsatisfactory culture result, appropriate personnel should consider the following and proceed accordingly:

Why Was Culture Performed

1. Routine screening culture as a part of examination; i.e., initial visit for entry into prenatal or other general care.
 - a. No signs or symptoms present. Repeat culture to establish absence or presence of a gonococcal infection.
 - b. Signs or symptoms present. If no efficacious antibiotic therapy was prescribed, return patient immediately for appropriate therapy and reculture (concurrent).
 - c. Signs or symptoms were present and efficacious antibiotic therapy was provided at the initial visit. Have patient return for a repeat culture within 4-7 days following completion of therapy. If a gonococcal infection existed at time of initial visit but was not documented because of an unsatisfactory culture, a repeat culture with negative results establishes that the patient is now not infected.
 2. Screening culture performed due to presence of signs or symptoms suggestive of gonorrhea; and/or the patient is a contact (sexual partner) to an individual with documented gonococcal infection.
 - a. Efficacious antibiotic therapy should be provided to symptomatic patients, as well as contacts (regardless of absence or presence of symptoms) as the patient could be asymptomatic or incubating the organism.
- AND
- b. Return patient for repeat culture within 4-7 days following completion of therapy (Reference 1.c.).

WASATCH CITY-COUNTY HEALTH DEPARTMENT

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805 WEST 100 SOUTH
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Jan 2, 1986

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ROBERT BLANTHORN, M.S.W.
ALCOHOL/DRUG DIRECTOR

NELDA DUKE
OFFICE MANAGER

Memo

To: All Wasatch City-County Board of Health Members

From: Phil D. Wright, Health Officer

Re: Hearing for Blazing Saddles

As requested by the board of health we will reconvene on Monday Jan 6, 1986 at 12:00 noon to consider the status of the Blazing Saddles Restaurant. Please make every effort to be in attendance. Enclosed please find the minutes of the hearing for your review.

Thank You,

Phil

Rural Water Users

MINUTES OF THE WASATCH CITY-COUNTY BOARD OF HEALTH

January 6, 1986

12:00 P.M.

Health Offices

Present were:	Connie Tatton	Vice-chairman
	Rulon Phillips	Member
	Elizabeth Murdock	Member
	R. C. Tadd	Commissioner
	R. Raymond Green, M.D.	Medical Officer
	Phil D. Wright. R.S.,M.S.	Health Officer
	Maxine McAfee, R.N.	Nurse Supervisor
	Robert Blanthorn	Alcohol/Drug Director
Guest:	Jeff Stockman	Blazing Saddles, Mgr.
Excused:	Calvin Giles	

Welcome: Mrs. Tatton welcomed those present and excused Mr. Giles and called the meeting to order.
The purpose of this meeting was to hear plans from the Blazing Saddles Cafe as to how they expect to bring their establishment into compliance with the health code and make a decision as to whether they should be allowed to remain in operation.

Blazing Saddles Cafe: Mr. Stockman submitted a copy of what he expects to do to rectify violations in his establishment and discussed each item. (See copy #1).

After some discussion with the board, Dr. Green made a motion the following stipulations must be adhered to in order for the Blazing Saddles Cafe to remain open:

1. Plans for remodeling must be submitted to the health department within ten days (01/16/86) along with a time table for completion date.
2. All 2-4-&5 point items on the inspection sheet must be corrected.
3. Floors must be recovered to meet health code requirements and rest room facilities isolated so that customers will not have access to the food preparation areas.

A representative from the State Health Department Food Service will be asked to inspect as soon after 14 days as possible. If the above items are not complied with within the 14 day extension it will be an automatic closure.

Mr. Tadd seconded the motion. Motion passed unanimously.

It was also mentioned that County Health Code requires all people working in a food establishment must hold a Food Handlers Permit and that every effort should be made to have current food handlers permits as soon as possible.

A letter will be sent to Mr. Stockman and Mr. Burkemo stating these stipulations. (See copy #2).

Mr. Stockman was excused and the board continued with the following:

Alcohol/
Drug Report: Mr. Blanthorn reported he now has 13 clients. They have the peer counseling program started in the high school. He said the schools have been very cooperative with the alcohol and drug programs.

Mr. Blanthorn said the schools have asked for another survey for alcohol & drugs which Ari Levy is currently working on. The results of this survey will be given to the schools and they will release the results. Dr. Green suggested the board be given a copy of the results also.

Deer Creek
Jordanelle
Water Study: Mr. Wright said the Deer Creek and Jordanelle Water Study is expanding their sampling program and have asked him to help. He asked if it was okay if he done this after hours. Commissioner Tadd said it had already been approved through the commission.

Asbestos
Inspection: Mr. Wright also stated he has been asked to inspect all state owned buildings in the county for asbestos.

Rural Water
Meeting: Mr. Wright said the meeting with the Rural Water Users of the county will be held on January 15, 1986 at 7:00 PM in the courtroom. All water system operators and interested parties have been invited to attend.

Immunizations: Mrs. McAfee reported in the last two years there have been 253 cases of Tetanus in the U.S. 71% of these cases have occurred in people over 50 years of age. We need to promote immunizations at 10 year intervals.

She also stated there was 53 cases of Whooping Cough in Utah in 1985.

Hearing
Screening: Mrs. McAfee reported they had screened 31 children for hearing and six was referred for follow-up.

Next
Meeting: The next meeting was scheduled for February 10, 1986 at 12:00 noon in the health offices.

Meeting was adjourned at 1:30 P.M.

Vice- Chairman

#1
Blazing Saddles Rest.
R.F.D. 1 Box C
Heber City, UT

Wasatch City-County Health Dept.
805 West 100 South
Heber City, UT. 84032

Dear Health Board Members,

The following, lists by number the violations incurred by our Restaurant during our most recent inspection, and what we have done or Promise to do in the immediate future to rectify this situation.

02. We have Purchased more bulk containers and have labeled them.

03. We have Purchased a small refrigerator for the waitress station to keep condiments cold.

05. Our refrigerators are equipped with accurate thermometers.

06. We have discontinued this practice and will add more storage racks to our cooler to facilitate this.

08. We have ordered a refrigerated sandwich Prep table to keep our cold food cold during Preparation.

10. I do not know specifically what the violation was here.

12. We have reinstalled the handwash sink in an area where the waitress have easy access after bussing table.

13. We are requiring all help to wear hair restraints.

41
16.& 17. This week, the dishwashing machine will be reinstalled and Properly Plumbed in. We have ordered new gauges and will have them installed as soon as Possible.

21. Wiping Cloths are kept in a bucket with soap and bleach during use.

22. The cheese Grater is dismantled and cleaned every day.

23. We have installed Marlite Paneling in our cooler to bring it up to code and have moved th cheese Grater to a more suitable location.

24. We now Put the spoon handles up and have Purchased more silverware holders.

25. The drink lids are stored in a suitable container.

29. We cannot Practicably install a new vegetable sink until we do our major remodel.

32. The door closers have been replaced and a split ring toilet seat has been put in the ladies room.

33. The refuse containers will be cleaned when the weather permits. In the mean time we will tie all garbage bags shut.

34. The trash containers have been removed to their concrete slab.

35. The window to the basement has been covered up, and the back door has been modified to not allow rodent Penetration.

36. We have cleaned and repainted the walls and have contracted to have the floor coverings replaced in our back dining room as well as the area of the rest rooms.

37. & 38. As I have stated, our cooler has been brought up to code and is very cleanable.

42. We will also address this problem with our major remodel Plan.

We realize that many of the problems associated with properly maintaining a facility lie with the people. My Partner, Tom Burkemo and I are making a concerted effort to do a better job ourselves, and to encourage a better job from our employees.

Thank you,



Jeffrey Stockman
Tom Burkemo

WASATCH CITY-COUNTY HEALTH DEPARTMENT

#2

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January 6, 1986

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OFFICE MANAGER

Mr. Jeff Stockman
Mr. Tom Burkemo
Blazing Saddles Restaurant
Heber City, Utah 84032

Dear Mr. Stockman & Mr. Burkemo,

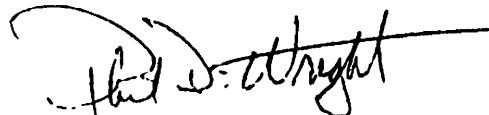
At the hearing the Wasatch City-County Board of Health held on 01/06/86 concerning the Blazing Saddles Restaurant, the following stipulations were made by the board that must be adhered to in order for the establishment to remain open:

- 1) Plans for remodeling must be submitted to the health department within ten days (01/16/86) along with a time table for completion date.
- 2) All 2-4-& 5 point items on the inspection sheet must be corrected.
- 3) Floors must be recovered to meet health code requirements and rest room facilities isolated so that customers will not have access to the food preparation areas.

A representative from the State Health Department Food Service will be asked to inspect as soon after 14 days as possible. If the above items are not complied with within the 14 day extension it will be an automatic closure.

It was also stated that County Health Code requires all people working in a food establishment must hold a Food Handlers Permit and that every effort should be made to have current food handlers permits as soon as possible. (Schedule of classes enclosed).

Thank You,



Phil D. Wright, M.S., R.S.
Health Officer